

## **Child and Family Advisory Committee**

**August 16, 2005  
Hanover DSS Meeting Room  
Ashland**

### **I. Orientation – Shirley Ricks**

- Shirley opened the orientation session with a welcome to the members of the committee. Questions from committee members about MR services, staffing for the office, how other states organize children's services and an explanation of Child and Adolescent Mental Health Services.
- Explanation of how families access services
- DJJ/MH Initiative - \$500,000 from DJJ, the Department intends to fund two more initiatives bringing the total to seven.
- DOE has staff in DJJ facilities to work with children, training teachers, and providing for the educational needs of youth. Question, possible for the Department and DOE to partner for services to these youth.
- The Department plans to develop profiles for the local boards, to identify what's going on in the CSBs for children's services.
- Explanation of the various reports on children's services, 329-G, Special Populations, questions about the composition of the 329-G committee and its relationship to the C&F Advisory Committee.
- Child and Family Task Force, description about how CSBs are organized related to children's services, role of child and adolescent coordinators.
- PACCT, explanation of PACCT, efforts to form a family coalition with other family groups, to provide a resource for families to answer questions and concerns about children's services and other information.
- Substance Abuse- description of Women's Services, need for public awareness and education targeted primarily to physicians, women and children must be referred to CSBs and early intervention systems. Project LINK-case management services.
- Mailing list-will be sent out to the committee for corrections.
- Child and Adolescent Coordinators list will be sent electronically to the committee
- Overview of CSBs by jurisdiction, organizational structure, data about numbers served, etc.
- Explanation of the definitions of mandated and non-mandated services.
- Children in schools receiving special education services, IEP, differences between children who are SED and how schools identify children for services from CSBs.
- The Department's goal: that every CSB has a system of care for children.
- Reviewed policies on transition and early intervention for infants and toddlers.
- Reviewed the Department, organizational structure, taxonomy, Integrated Strategic Plan (ISP), and core services, CSBs only have to provide emergency services and case management.

- ISP lays out the planning process for the Department and the CSBs. The Department is promoting recovery and resiliency, with an emphasis on community based services.

## **Update on Children's Issues**

## **Shirley Ricks**

The Department received a grant from SAMHSA to promote SA services for children and their children, \$400,000. Plan to hire a SA Coordinator, support staff, funding October 1<sup>st</sup>. Project with detention centers with children in detention centers, plan to expand sites from 5 to 7 to provide services for children in detention centers, case management, assessment and evaluation and linkages to CSBs. Six localities applied, the Department picked two sites, with strong local representation. 24 detention centers statewide. Question from DOE about contacts for the two sites, will send five to Cynthia and the remaining two when they are announced. Question: is an outcome to increase the number of community-based beds for adolescents with SA. Outpatient SA services is a covered service under EPSDT.

\$475,000, one rural and one non-rural to build system of care, MSF, FFT, to promote evidence-based practices, plan to coordinate with other child caring agencies, 8 applied, plan to hire an evaluator to evaluate the projects. Plan to offer extensive training statewide on SA issues.

Family Coalition, bringing family groups together under one umbrella to improve access for families. PACCT, Medical Home Plus, Parent to Parent, ARC-FIP, to build resource website and expand information about services, research about best practices, etc. \$75,000 going to PACCT to build the framework and eventually evolve into the Federation of Families.

The Department received additional state funds in the amount of \$3.125 million for early intervention services.

ISP-to provide a framework for strategic planning.

Budget proposals for non-mandated, family support, DJJ/MH, early intervention and the Office will continue to support our priorities. There was a question about initiatives around Medicaid waivers? Medicaid waivers provide an opportunity for self-determination services. Endependence Center in Norfolk has information about waivers. Point was made that this information should be available to CSBs. Case managers have different knowledge bases. The OCFS will explore with the CSBs, there are no slots to serve the kids. Getting knowledge out there and there is a waiting list. General Assembly did increase the number of slots however it has not kept pace with the demand. Waiver provides the opportunity for so much and without the waiver; individuals do not have access to services. Issues with how the waivers are set up.

Does the committee want a presentation on Medicaid waivers? Slots based on the availability of funding. There are competing priorities for Medicaid funding. Important to think about advocacy to help legislators understand the importance of this issue. There

is an issue of finding providers, setting up services, etc. Slots have been assigned but there is an issue about finding providers.

Pertinent points from committee discussion:

- Put information on our website about the availability of slots. Need waiting list to demonstrate need however it is against law but it is imperative to demonstrate need. It is also important to think about pushing for more family support funding to pay for services.
- Is there a lack of availability of information about waivers, and is the issue helping parents figure out what they need. There are no navigational aides for families. Case managers need to be the navigational aide, entry into everything a family needs however not every family is linked to a case manager.
- Families not always sure what they are asking for, they may not be asking the right questions, especially if the family comes from a diverse background, there is a challenge to ask the right questions to determine what they need. The family coalition may help resolve some of this with asking the right questions to get the family to the services they need. The first contact should be with a parent coalition or network.
- Suggestion: a breakout session at the early intervention conference for families to come in and ask questions about services etc.

The OCFS has looked at the question about what could be put in place to ensure that children who exit EI, if the family chooses, CSBs would be contacted to track these children, perhaps annually. At 14 these children should be linked with the CSBs. Part of the issue is what does mental illness look like when dealing with a child. Mental health issues frighten families, especially if the family is a minority family. Suggestion; provide a simple checklist for parents about developmental milestones birth to five. Need to work toward including families in treatment; the OCFS' priority has been to place the emphasis on treating the child.

Another issue the Office struggles with is assessment tools, should we have a single assessment tool. For mental retardation, there is common language. For children with SED, schools and mental health systems talk about children with SED in different ways. Pediatricians don't have this information; goal is early identification however the professional people don't know what they're talking about. This is the purpose for strengthening the system of care, all these different systems are identifying children in different ways, the SOC will help define who these children are and get them the services they need. OCFS doesn't want to look at diagnosis but to determine what the child needs.

### **Purpose statement**

**Shirley Ricks**

Add: The role of the Child and Family Advisory Committee is to improve services to children and families with disabilities...

Jean Felt put forth as a nominee for Chair of the committee. There was consensus from the members for Jean to assume the Chair. Congratulations Jean.

### **Agency Presentation**

**Cynthia Cave, Director of Student Services and Vivian Stith-Williams, Parent Ombudsman**

Special Education and Student Services – see handout for description of various divisions of the office and what's available on the DOE website.

Office of Student Services – see handout for description of various programs of the office including contact information for each program, publications, regulations and other topics of interest. Office is assisting school divisions to access Medicaid for school-based services. State operated programs, education services for children in detention centers and hospitals.

Vivian Stith-Williams provided an overview of Ombudsman Program – disseminated copies of the Parent's Guide to Special Education, due for revision when IDEA 2004 regulations are finalized and Regulations Governing Special Education Programs for Children with Disabilities in Virginia. In the role of Ombudsman, Vivian facilitates families providing information to families about services and resources, negotiating the system for services, due process, etc. Parent Resource Centers – provided information about resources available through the resource centers. Examples of publications available: Guide for Preventing Child Abuse for Children with Disabilities is available to professionals as well as a guide on assistive technology. Ombudsman's job, to listen to parents, assist them with accessing resources, facilitate discussions with appropriate school personnel, and if this fails, to make parents aware of procedural and due process rights under the law.

### **Update- Vision and Mission Statement**

**Dana Yarborough  
Don Roe**

Vision Statement – incorporates everything we've been discussing as well as what other workgroups have been working on. See corrections on sheet. Revisions to the Vision/Mission statement will be sent with the minutes.

### **Agency Updates:**

Scott Reiner – DJJ

Scott reported on the development of regulations related to transition, mental health transition plan. First meeting has been held; identifying process and set of criteria for

juveniles who need enhanced services, and once identified, what those services will look like.

Cynthia Cave – DOE

IDEA 2004. Transition services must be in place by age 16. Need to continue planning earlier, age 16 is the absolute end date. See the DOE web page for most recent information about the new law. Crosswalk of IDEA and proposed regulations is available on the web. Question about the section of the law related to the birth to five option. OCFS will provide an update to the committee about the meeting between OCFS and DOE related to this option.

Catherine Hancock – DMAS

Working on EPSDT to make the process accessible and smoother.

Agenda for the next meeting: November 15<sup>th</sup> 10-2

- Agency presentation
  1. DMAS–Medicaid Covered Services.
  2. PACCT, Medical Home Plus, and other family coalitions – who they serve, etc. Collaboration
- Transition for children into adult services at a later meeting.  
Things parents need to know about transition, overview about services
- Legislative issues – 330-F report, five or ten minute review of the recommendations
- Hold family coalition over for the New Year and Partnership for People with Disabilities to make presentations at a future meeting and VOPA and Virginia Board for People with Disabilities

At some point for future meetings, Frank Tetrick or Charlene Davidson or Ray Ratke from the Department to talk about transformation funding for kids. How do we bring children into the definitions of recovery, resiliency, etc. For the next meeting send copies of the Transformation Grant to the Committee.

Dana Yarborough moved for adjournment and Elaine Ogburn seconded the motion.

Meeting adjourned.